FRAMEWORK FOR ANNUAL REPORT OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**

- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by HCFA quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: Maine
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name (s) Cub Care (separate SCHIP program)

SCHIP Program Type ____ Medicaid SCHIP Expansion Only
____ Separate SCHIP Program Only
__X__ Combination of the above

Reporting Period **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

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SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program=s changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter >NC= for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

A. Program eligibility

Effective 10/1/99, the maximum income limit for Cub Care increased from 185% to 200% of the Federal Poverty Level (FPL). The Department of Human Services made this change because an analysis of the budget indicated that there was sufficient funding available to serve the additional population.

Effective 9/1/00, infants <12 months of age became eligible to enroll in Cub Care. The initial Cub Care authorizing legislation limited eligibility for children to "one year of age or older and under 19 years of age" because the Cub Care upper limit was 185% of the FPL and Medicaid served infants through 185% of the FPL. State legislation passed in April 2000 amended the Cub Care legislation to allow the Program to serve children under age 1 through 200% of the FPL.

B. Enrollment process

NC

C. Presumptive eligibility

NC

D. Continuous eligibility

The Department has discussed implementing 12 months continuous eligibility but has not completed its cost analysis to determine fiscal impact.

E. Outreach/marketing campaigns

NC

F. Eligibility determination process

NC

G. Eligibility redetermination process

NC

H. Benefit structure

NC

I. Cost-sharing policies

Effective 2/1/00, Native Americans were no longer required to pay Cub Care premiums per Health Care Financing Administration policy directive.

Effective 9/1/00, the Department of Human Services increased the maximum monthly Cub Care premium from $30 to $40 because the income level increased to 200% of FPL (see A above). Families are charged a premium of between $5 - $40 per month depending on family size and income.

J. Crowd-out policies

NC

K. Delivery system

NC

L. Coordination with other programs (especially private insurance and Medicaid)

NC

M. Screen and enroll process

NC

N. Application

The Medicaid/Cub Care application was revised so that parents of Medicaid eligible children could apply using the same application. Effective 9/1/00, the Medicaid Program, including the Medicaid expansion component, began enrolling parents of children enrolled in Medicaid if the family income was less than 150% of FPL and the parents had assets of $2,000 or less.

O. Other

NA

1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.

A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information.

Maine has conducted two random household surveys to estimate the number of uninsured children in the State.

1997 Random Household Survey

The Maine Department of Human Services contracted with the Muskie School of Public Service to conduct a random household survey to gauge the incidence of uninsurance for children in the State in order to plan for the implementation of the SCHIP program. Data were collected in October and November 1997 and the analysis was completed in January 1998.

The sampling framework was selected to ensure that adequate numbers of urban and rural residents would be interviewed. A total of 13,291 households were included in the study sample. Trained telephone interviewers used screening questions to identify households with children and interviews were conducted with 2,449 respondents in households with children. This number included a subsample of 459 low-income households with privately insured children and 214 households with uninsured children. The remaining 1,776 households with children were above 250% FPL.

A comprehensive call schedule was used to maximize the likelihood of reaching household members. These efforts resulted in a 75% response rate among eligible households (families with children).

2000 Random Household Survey

The Maine Department of Human Services contracted with the Muskie School of Public Service to conduct a second random household survey, intended to replicate the 1997 survey. The sampling framework from the 1997 survey was replicated to ensure comparability of new findings with those of 1997; however, a smaller sample size was used in 2000.

The survey was administered by trained telephone interviewers using a computer-assisted telephone interviewing system to record the answers. Survey administrators released a total of 8,141 telephone numbers in waves over the four-week interviewing period beginning December 1999. Interviewers completed interviews with 68 households with uninsured children, 249 households with low-income privately insured children, 144 households with publicly insured children, and 484 households with higher-income privately insured children. A 60% response rate was reported, a relatively good response rate for a random telephone survey.

The survey design called for 100 completed interviews among families with uninsured children in order for the analysis to be reliable. Since the initial field work fell short of this goal, additional interviews were conducted in June 2000. Using the same sampling plan, 4,745 additional telephone numbers were released in waves. These efforts brought the total number of completed surveys with households of uninsured children to 110.

Attachment 1 is a copy of the report, Health Insurance Coverage Among Maine Children: The Results of Two Surveys 2000. See Section 1.

Random Household Survey Results

The results of the two random household surveys are summarized below.

FPL Income Level	# Uninsured Children Age 18 & Under 1997	# Uninsured Children Age 18 & Under 2000
<125%	7,600	5,416
125%-185%	11,357	4,674
186%-200%	2,338	687
>200%	6,557	5,910
No Income Data	4,071	1,407
Total	31,923	18, 094

Based on the 2000 random household survey, the number of uncovered, low-income children in Maine potentially eligible for SCHIP is 5,361. This number represents children from households with income between 125% and 200% FPL.

The number of uncovered, low-income children in Maine potentially eligible for SCHIP submitted to HCFA in 1998 (based on the 1997 random household survey) was 11,357. This number represented children from households with income between 125% and 185% FPL.

Please note that Maine's income limit for Cub Care increased from 185% to 200% FPL in October 1999. To compare the 2000 estimated baseline number of uncovered low-income children potentially eligible for SCHIP with that submitted to HCFA in 1998, the 125% to 185% income range of FPL households should be used. The 2000 number for this income range is 4,674, a reduction of 6,683 from the 1997 number of 11,357 uninsured children in this category.

B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

Data not available.

C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

The random households surveys described in 1.2 A above are the primary source of information regarding the number of uninsured children in Maine.

D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

____ No, skip to 1.3

__X__ Yes, what is the new baseline?

As explained in 1.2 A above, based on the final results of the 2000 random household survey, the number of uncovered, low-income children in Maine potentially eligible for SCHIP is 5,361. This number represents children from households with income between 125% and 200% FPL. In the March 2000 Evaluation, Maine reported a different, slightly higher, number based on preliminary results of the 2000 random household survey.

What are the data source(s) and methodology used to make this estimate?

See 1.2 A above.

What was the justification for adopting a different methodology?

The State did not adopt a different methodology. In 2000, Maine conducted a second random household survey, as described in 1.2 A above, as part of an effort to evaluate the impact of the SCHIP initiative. In the March 2000 Evaluation, Maine reported preliminary 2000 survey results. For this annual report, the State is able to report the final 2000 survey results.

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

The 2000 random household survey results were combined and weighted to allow attribution of the findings to the total population of Maine children. The analysis weights developed for the completed interviews were constructed using a standard sequence of steps that account for the probability of selection and non-response and that calibrate the survey sample to external Maine population estimates. These procedures adjusted for non-response factors such as ineligible households and weighted the survey responses to total households in Maine using 1999 Census Bureau population estimates for the State of Maine based on census figures updated annually for the numbers of births, deaths, and a variety of other measures of population change.

The analysis took appropriate account of the fact that the survey did not employ simple random sampling. Stratified sampling by geographic area and over-sampling in metropolitan areas needed to be reflected in the weighting of the data. In addition, the clustering of people within households affects the variance of statewide estimates. All analyses incorporated weighting techniques, and confidence intervals are based on estimated variances that reflect the clustered nature of the sample.

Data were analyzed using the SAS statistical software, and for the calculation of confidence intervals the SUDAAN software was used. The findings are based on weighting of the sample data rather than on obtaining direct responses from every resident in the State. Therefore, the percentages and counts are estimates only. Estimates involving income levels are affected by the lower number of households reporting this information. Approximately seven percent of survey participants in uninsured households declined to respond to questions regarding household income levels and were omitted from analyses involving income levels.

For the estimated number of uninsured children age 0 –18 (18,094), the range of confidence at 95% is from 13,885 to 22,302 children.

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

In the March 2000 Evaluation, the State reported preliminary data from its 2000 random household survey. The March 2000 Evaluation preliminary estimated baseline number for low-income uninsured children was slightly higher than the final survey numbers. However, both the preliminary and final 2000 random survey numbers represent a decrease in the total number of uninsured and low-income uninsured children in Maine when compared with the 1997 random survey results.

The 1997 estimate of uninsured children age 0 – 18 with family income under 200% of the FPL was 21,295. The 2000 estimate of uninsured children age 0 – 18 with family income under 200% of the FPL is 10,777, a reduction of 10,518 from the 1997 number of uninsured children in this income category.

1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your State=s strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State=s strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State=s strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2: List the performance goals for each strategic objective.
Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator).

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter ANC@ (for no change) in column 3.*

Table 1.3		
(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Increase the number of children in Maine with health insurance by expanding Medicaid eligibility and creating Cub Care, a new health insurance program.	Decrease rate of uninsurance	Data Sources:1997 & 2000 Muskie School of Public Service random household surveys. Progress Summary: The 2000 household survey results indicate a decrease in the total number of uninsured and low-income uninsured children in the State when compared with the 1997 household survey results. See 1.2 above and Attachment 1, Health Insurance Coverage Among Maine's Children, The Results of Two Surveys, 2000, Section 1.

Table 1.3		
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
Increase the number of children in Maine with health insurance by expanding Medicaid eligibility and creating Cub Care, a new health insurance program.	Enroll 3,911 children in Cub Care by 9/30/00	Data Sources:Bureau of Medical Services, Maine Medicaid Decision Support System Progress Summary: The total unduplicated number of children ever enrolled in Cub Care for FFY 00 was 8,828.
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Increase the number of children in Maine with health insurance by expanding Medicaid eligibility and creating Cub Care, a new health insurance program.	Increase Medicaid participation by enrolling 6,541 children in the Medicaid expansion program by 9/30/00.	Data Sources: Bureau of Medical Services, Maine Medicaid Decision Support System Progress Summary: The total unduplicated number of children ever enrolled in the Medicaid expansion component for FFY 00 was 13,914.

Provide access to a consistent source of health care that will meet the needs of enrolled children.	Enroll children in health plans; match children with PCPs & increase regular source of health care, decrease ER use	Data Sources: Bureau of Medical Services, Maine Enrollment and Capitation System and Maine Medicaid Decision Support System Progress Summary: As of 9/30/00, 10,982 SCHIP children were enrolled in Maine PrimeCare, the primary care case management initiative. All of the children enrolled in Maine PrimeCare have a medical home. Maine PrimeCare is operational Statewide. Effective November 2000, the Department no longer contracts with a MCO. According to 2000 survey of current enrollees, 98% of the SCHIP parents stated that their children had a regular doctor's office or health center where they received care. See Attachment 1, Section 2, B 1. The percentage of SCHIP children with 11+ months of eligibility in FFY 00 who had one or more visits with a PCP ranged from 75% - 94% depending on age. See Attachment 2. See Attachments 3 + 4 regarding ER visits and admissions for avoidable hospital conditions for SCHIP children in FFY 00.
Improve quality outcomes for children as measured by key indicators.	Increase early childhood and adolescent immunization rates; increase EPSDT follow-up.	Data Sources: Bureau of Medical Services, Maine Medicaid Decision Support System Progress Summary: See Attachments 4 +5 regarding children who turned 2 years of age and received immunizations and well child visits for different age groups in FFY 00.
Provide quality health	Enrollee satisfaction;	Data Sources: *Enrollee satisfaction*: SCHIP enrollee survey conducted by the

care to enrolled children that meets their needs and expectations.	decrease complaints/grievances.	Muskie School of Public Service *Complaints/grievances*: Maine PrimeCare aggregate data, not SCHIP specific data, are available from the enrollment broker database Progress Summary: Ninety percent of the parents in the enrollee survey reported that they were very confident or confident that their child would obtain health care when needed. The 10% that reported they were not confident expressed concerned that they might not continue to be eligible for SCHIP coverage. Participants consistently reported that their providers were of high quality. Only 5% reported having average or poor quality providers. See Attachment 1, Section 2, B 1. Maine PrimeCare data regarding complaints are only available in the aggregate, not specifically for SCHIP participants. However, historically the Maine PrimeCare data indicates that approximately 90+ % of the complaints have to do with billing problems, not access to care or quality of care.

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

At the time SCHIP was implemented, the Department of Human Services expected to move forward with enrolling SCHIP participants in Managed Care Organizations (MCO). However, the Department issued 2 Requests for Proposals seeking MCOs interested in providing services to the Medicaid/SCHIP population but ultimately the Department was able to contract with only 1 MCO. The MCO never operated Statewide; participants enrolled on a voluntary basis. Effective November 2000, the Department and the MCO mutually agreed to terminate the contract.

The Department has implemented a primary care case management system, Maine PrimeCare, Statewide. Approximately, 90,000 Medicaid and Cub Care participants are currently enrolled in Maine PrimeCare.

1.5 Discuss your State=s progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

NA

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

The Department has contracted with the Muskie School of Public Service to survey 3 populations (new enrollees, current enrollees, and disenrollees) regarding the enrollment process and access to and quality of care. Preliminary data should be available by the end of calendar year 2001.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program=s performance. Please list attachments here.

Attachment 1 – Health Insurance Coverage Among Maine's Children, The Results of Two Surveys, 2000. Section 1 is the random household survey and Section 2 is the survey of current enrollees.

Attachment 2 – Recipients Age 2 –12 with One or More Visits with a Primary Care Provider

Attachment 3 – Average Numbers of ER Visits

Attachment 4 – Average AHC (Avoidable Hospital Conditions) Admits per 100 Recipients

Attachment 5 – Recipients Who Turned 2 Years of Age and Received Immunizations

Attachment 6 – Well Child Visits by Age

Attachment 7 – Cost per Recipient by Service Category

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family Coverage

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

NA

B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 - 9/30/00)?

Number of adults NA
Number of children NA

C. How do you monitor cost-effectiveness of family coverage?

NA

2.2 Employer-sponsored insurance buy-in:

A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

NA

B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

Number of adults NA
Number of children NA

2.3 Crowd-out:

A. How do you define crowd-out in your SCHIP program?

There is a 3 month waiting period for children who drop employer provided coverage unless they meet one of the exceptions allowed by policy. If a child was covered by an employer based plan,

but is not covered at the time of application, the child may enroll without having to wait for 3 months if:

- The employer did not pay at least 50% of the cost of the child's coverage;
- The cost of covering the whole family under the employer's plan was more than 10% of the family income;
- The Department of Human Services determines that good cause exists for dropping the employer based coverage.

B. How do you monitor and measure whether crowd-out is occurring?

Applicants are asked to provide insurance related information as part of the application process. Questions asked include: (1) children in household who currently have insurance; (2) children in household who lost health insurance; (3) children in household who could be added to State employee health insurance.

Eligibility records are matched with Bureau of Medical Services, Third Party Liability, to cross check to see if enrollees have insurance. A list of SCHIP enrollees identified as having insurance is sent to eligibility workers to review.

C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

The survey of current enrollees (Attachment 1, Section 2) was used as a way to try to measure crowd-out. Among the questions asked were the following: did your child have health insurance coverage prior to enrollment in Medicaid or Cub Care; was your child eligible for insurance through an employer; and why is your child no longer participating in the coverage. Survey results include the following:

- 59% of enrollees did not have health insurance in the 12 months prior to enrolling in SCHIP coverage;
- of those that had health insurance for some period during the 12 months prior to enrolling in SCHIP, 18% had been covered through private insurers and 8 % had prior coverage through public programs;
- the primary reason given for discontinuing coverage for the 18% of enrollees with prior private health insurance was the high cost of the insurance.

Based on the survey results, it appears that there is little evidence to show that the implementation of SCHIP has resulted in crowd-out taking place.

D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

Data not available.

2.4 Outreach

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

Data not available.

B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

Data not available.

C. Which methods best reached which populations? How have you measured effectiveness?

Data not available.

2.5 Retention:

A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

The Department of Human Services sends a review form to participants in the 5th month of the 6 month eligibility period. Individuals are asked to complete and return the form in order to continue coverage. In some regional offices of the Department of Human Services, staff call or send a reminder notice if a participant has not returned the review form.

B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

___ Follow-up by caseworkers/outreach workers
__X__ Renewal reminder notices to all families
___ Targeted mailing to selected populations, specify population _____
___ Information campaigns
___ Simplification of re-enrollment process, please describe _____
__X__ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe See 1.6 above

___ Other, please explain_____

C. Are the same measures being used in Medicaid as well? If not, please describe the differences.

Yes

D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

Data not available.

E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

As reported in last year's evaluation report, the Department conducted a survey of households with Cub Care whose 6 month eligibility period ended in April, May, or June 1999 and who, according to Department records, had not reapplied at the time of the survey. The Department was able to contact 51% of the households. Of the households contacted, 67% had not reapplied for the following reasons: 32% got job/increased income; 18% got private insurance; and 33% other. Other responses included: intended to reapply, children ineligible due to age.

2.6 Coordination between SCHIP and Medicaid:

A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

Yes
There is one application/reapplication form used by individuals who want to apply for medical assistance. The Department of Human Services eligibility workers determine if the applicant is eligible for Medicaid or Cub Care. There are no interview requirements.

B. Explain how children are transferred between Medicaid and SCHIP when a child=s eligibility status changes.

All applications, denials, closings, changes in Medicaid are automatically reviewed for Cub Care eligibility and vice versa.

C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

Yes

There are 2 delivery systems: fee for service and the primary care case management program, Maine PrimeCare.

2.7 Cost Sharing:

A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

No

B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?

No

2.8 Assessment and Monitoring of Quality of Care:

A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

The Quality Improvement (QI) Division monitors the SCHIP enrollees through review of claims and enrollment data. The Division has created a set of reports from claims data (See Attachments 2-7). These reports present aggregated data that reflects recipients eligibility status for various Medicaid programs, and use of services by enrollees.

B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

The Quality Improvement Division monitors the quality of services to all Medicaid recipients through the quarterly Primary Care Physician Incentive Program (PC-PIP). This program includes a quarterly utilization report to primary care providers. The utilization report compares provider types to like provider types and compares Fee for Service to Maine PrimeCare, the primary care case management initiative, panel enrollees. Most of the SCHIP enrollees are eligible and enrolled within the Maine PrimeCare program. The Utilization report includes such items as lead testing rates, emergency room visit rates, immunization rates, preventive rates, well child visit rates and chronic disease management rates. This data is obtained through the use of HEDIS like data indicators. Some additional HEDIS measures are still in development.

The Quality Improvement Division in conjunction with the Foundation for Health Care Accountability preformed a survey of Maine Medicaid Recipients ages 0 to 4 years old. This survey was designed to evaluate parent/ guardian's perceptions of health care services received from the primary care physician. The survey results were compared to Medicaid claims data as well as Bright Future Assessment data to obtain a full spectrum view of the Medicaid Program. SCHIP eligible recipients were included within this survey. Preliminary survey analysis reflected children

who were enrolled in the Maine PrimeCare program received more/ higher quality well child services than those who were in the Fee for Service program. The QI Division has recently sent out surveys to primary care providers who would have had recipients in the original survey. This survey was designed to obtain the providers perceptions of the recipients needs at the time of the office visit and should complete the continuum of service evaluation.

The Quality Improvement Division also reviews and monitors the quality of services through the Bright Future Assessment forms. There are 19 Bright Future Assessment forms (BF19). These forms outline recommended treatments and services to be provided to recipients based upon the periodic well child/ infant guidelines in the Bright Futures Assessment document. At the time of an office visit, a provider would complete the age appropriate form and send a copy of the form to the QI Division. Nurses within the Unit then review these forms. If the nurses determine there is a need for follow-up then the form is submitted to the Bureau of Health and a Public Health nurse follows up with either a phone call or site visit to the recipient. Areas of follow up include mental health, immunizations, dental, nutritional, and preventative services. All the forms are placed into a data system called IMPACT. The Bureau of Health also uses this system to track and trend immunization status of recipients.

C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

The Quality Improvement Division will continue monitoring the quality of services through the PC-PIP and utilization review reports. The QI Division is currently programming the database system to aggregate data for tracking and trending. The Division is anticipating that the majority of the HEDIS measures will be developed and aggregated by the end of calendar year 2001.

The QI Division is currently looking to completing a survey of adolescent recipients. These survey results will be compared to the Bright Future Assessment forms and claims data in an attempt to evaluate services for adolescents. The QI Division intends to have the preliminary survey completed by the end of calendar year 2001.

The QI Division is currently developing quarterly reports from the Bright Futures Assessment data. These reports will provide information about the SCHIP enrollees well child visits. The reports should be available on a quarterly basis by March of 2001. Data from these reports will be used to determine the availability and quality of services provided to SCHIP enrollees.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter >NA= for not applicable.

A. Eligibility

NA

B. Outreach

The Covering Kids grantee conducts workshops for staff of community based agencies on Medicaid and Cub Care eligibility and application policies. These workshops have been well-received by staff of community agencies who find the information helpful in working with their agency clients who are uninsured and may be eligible for Medicaid and Cub Care.

C. Enrollment

NA

D. Retention/disenrollment

NA

E. Benefit structure

NA

F. Cost-sharing

The Maine Department of Education is paying premiums for migrant children enrolled in Cub Care through a transfer of funds arrangement with the Department of Human Services.

Approximately 95% of families are paying premiums in a timely manner. The Department has not experienced any problems in this regard.

G. Delivery system

NA

H. Coordination with other programs

NA

I. Crowd-out

The Department developed standardized forms for use by eligibility workers in explaining the crowd-out exceptions.

J. Other

NSECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs			
Insurance payments			
Managed care	NA	NA	NA
per member/per month rate X # of eligibles			
Fee for Service	$14,160,005	$16,750,408	$17,721,892
Total Benefit Costs	$14,160,005	$16,750,408	$17,721,892
(Offsetting beneficiary cost sharing payments)	$ 355,929	$ 444,717	$ 470,471
Net Benefit Costs	$13,804,076	$16,305,691	$17,251,421
Administration Costs			
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs	$263,056	$284,036	$306,689
Other	$866,255	$935,342	$1,009,939
Total Administration Costs	$1,129,311	$1,219,378	$1,316,627
10% Administrative Cost Ceiling	$1,533,786	$1,811,743	$1,916,825
Federal Share (multiplied by enhanced FMAP rate)	$11,401,641	$13,368,122	$14,224,982
State Share	$ 3,531,746	$4,156,946	$4,343,066
TOTAL PROGRAM COSTS	$14,933,387	$17,525,069	$18,568,048

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000.

NA

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

___X_ State appropriations
_____County/local funds
_____Employer contributions
_____Foundation grants
_____Private donations (such as United Way, sponsorship)
_____Other (specify) _____

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures?

No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name		Cub Care
Provides presumptive eligibility for children	_____No __X__Yes, for whom and how long? Pregnant women. Month following month when found presumptively eligible.	__X__No _____Yes, for whom and how long?
Provides retroactive eligibility	_____No __X__Yes, for whom and how long? All applicants up to 3 months prior to month of application	__X__No _____Yes, for whom and how long?
Makes eligibility determination	__X__State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)* _____	__X__State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)* _____
Average length of stay on program	Specify months Data not available	Specify months _Data not available
Has joint application for Medicaid and SCHIP	_____No __X__Yes	_____No __X__Yes
Has a mail-in application	_____No __X__Yes	_____No __X__Yes
Can apply for program over phone	__X__No _____Yes	__X__No _____Yes
Can apply for program over internet	__X__No _____Yes	__X__No _____Yes
Requires face-to-face interview during initial application	__X__No _____Yes	__X__No _____Yes

Requires child to be uninsured for a minimum amount of time prior to enrollment	__X__No _____Yes, specify number of months _____What exemptions do you provide?	_____No __X__Yes, specify number of months __3_____What exemptions do you provide? See 2.3
Provides period of continuous coverage regardless of income changes	_____No __X__ Yes, specify number of months __6_____ Explain circumstances when a child would lose eligibility during the time period Age out or move out of state	_____No __X__Yes, specify number of months ____6___ Explain circumstances when a child would lose eligibility during the time period Age out or move out of state
Imposes premiums or enrollment fees	__X__No _____Yes, how much? _____ Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify) _____	_____No __X__Yes, how much? __$5-$40 per month depending of family size and income Who Can Pay? X Employer __X Family __X Absent parent __X Private donations/sponsorship __X Other (specify) __Any 3rd party_____
Imposes copayments or coinsurance	__X____No _____Yes	___X__No _____Yes
Provides preprinted redetermination process	__X____ No _____ Yes, we send out form to family with their information precompleted and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	__X____ No _____ Yes, we send out form to family with their information and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

In the 5th month of the 6 month eligibility period participants are sent a review form to complete and return to the Department of Human Services. There are no differences in the process.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child=s age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher	185% of FPL for children under age 1 133% of FPL for children aged 1-5 125% of FPL for children aged 6-18
Medicaid SCHIP Expansion	150%% of FPL for children aged 1-18 ____% of FPL for children aged _____ ____% of FPL for children aged _____
State-Designed SCHIP Program	200% of FPL for children aged 0-18 ____% of FPL for children aged _____ ____% of FPL for children aged _____

6.2As of September 30, 2000, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter ANA.@*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) ____ Yes X No
If yes, please report rules for applicants (initial enrollment).

	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	$ 90	$ 90	$ NA
Self-employment expenses	$ Vary with	$ Vary with	$ NA
Alimony payments Received	$	$	$ NA
Paid	$ Total paid	$ Total paid	$ NA
Child support payments Received	$ 50 per month	$ 50 per month	$ 50 per month
Paid	$ Total paid	$ Total paid	$ NA
Child care expenses	$	$	$
Medical care expenses	$ NA	$ NA	$ NA
Gifts	$ NA	$ NA	$ NA
Other types of disregards/deductions (specify)	$	$	$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups __X_No ____Yes, specify countable or allowable level of asset test_____
Medicaid SCHIP Expansion program __X_No ____Yes, specify countable or allowable level of asset test_____
State-Designed SCHIP program __X No ____Yes, specify countable or allowable level of asset test_____
Other SCHIP program_____ ____No ____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2000? ___ Yes __X No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

A. Family coverage

B. Employer sponsored insurance buy-in

The Department is exploring the feasibility of implementing an employer sponsored insurance buy-in program.

C. 1115 waiver

The Department expects to submit a Title XXI 1115 demonstration waiver requesting authority to implement parental coverage.

D. Eligibility including presumptive and continuous eligibility

E. Outreach

The Department expects to issue a Request for Proposals to contract with a marketing company to work with the Department on developing television and radio public service announcements.

F. Enrollment/redetermination process

G. Contracting

H. Other

There are several bills under consideration in the State Legislature that propose to increase the Federal Poverty Levels for Medicaid and/or Cub Care and to make other program changes, e.g. implement 12 months continuous eligibility.